

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Aceituno

Pedro

CITY CLERK'S OFFICE

CITY OF BELL GARDENS

2013 MAR 28 P 1:14

1. Office, Agency, or Court

Agency Name

City of Bell Gardens

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

7100 GARFIELD AVENUE
BELL GARDENS, CA 90201

► If filing for multiple positions, list below or on an attachment.

Agency: Bell Gardens Oversight Board

Position: Vice Chairperson

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☐ County of☒ City of Bell Gardens☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through
December 31, 2012.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through
December 31, 2012.☐ The period covered is January 1, 2012, through the date of
leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/26/2013

(month, day, year)

Name

Pedro Aceituno

SCHEDULE D Income – Gifts

► NAME OF SOURCE (Not an Acronym)

Fiesta Taxi

ADDRESS (Business Address Acceptable)

2129 W. Rosecrans Ave Gardena CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Senior Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 12	\$ 175.00	Golf and Lunch
07 / 12 / 12	\$ 175.00	Golf and Lunch
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Independent Cities Association

ADDRESS (Business Address Acceptable)

1601 N. Sepulveda Blvd. Manhattan Beach CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 / 12	\$ 420.00	Hotel Stay
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Athens Services

ADDRESS (Business Address Acceptable)

14048 P.O. Box 60009 City of Industry CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trash Hauler

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 12	\$ 420.00	Laker Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Pedro Aceituno</u>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>NALEO Educational Fund</u></p> <p>ADDRESS (Business Address Acceptable) <u>1122 W. Washington Blvd.</u></p> <p>CITY AND STATE <u>Los Angeles CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Member</u></p> <p>DATE(S): <u>02 / 24 / 12</u> - <u>02 / 26 / 12</u> AMT: \$ <u>1,055.08</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Not subject to gift limit. Policy Institute on Building</u> <u>Healthy Communities.</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>NALEO Educational Fund</u></p> <p>ADDRESS (Business Address Acceptable) <u>1122 W. Washington Blvd.</u></p> <p>CITY AND STATE <u>Los Angeles CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Member</u></p> <p>DATE(S): <u>06 / 22 / 12</u> - <u>06 / 24 / 12</u> AMT: \$ <u>1,424.59</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Not Subject to gift limit. Annual Conference</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>NALEO Educational Fund</u></p> <p>ADDRESS (Business Address Acceptable) <u>1122 W. Washington Blvd.</u></p> <p>CITY AND STATE <u>Los Angeles CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Member</u></p> <p>DATE(S): <u>04 / 20 / 12</u> - <u>04 / 22 / 12</u> AMT: \$ <u>1,457.11</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Not Subject to gift limit. Policy Institute on Building</u> <u>Healthy Communities.</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>NALEO Educational Fund</u></p> <p>ADDRESS (Business Address Acceptable) <u>1122 W. Washington Blvd.</u></p> <p>CITY AND STATE <u>Los Angeles CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Member</u></p> <p>DATE(S): <u>07 / 20 / 12</u> - <u>07 / 22 / 12</u> AMT: \$ <u>1,544.57</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Not subject to gift limit. Policy Institute on Emergency</u> <u>Planning & Preparedness.</u></p>

Comments: _____